****

Sponsorship Form

**Gift Aid funds all hospice care in our community for a week every year!**

****

Boost your donation by 25p for every £1 you donate!

In order to Gift Aid your donation you must tick the box below.

I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to Weston Hospicecare. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all of my donations in that tax year it is my responsibility to pay any difference.

Sponsors must complete their own details – forms in the same handwriting are not valid **for Gift Aid purposes.**

**I’d like to raise £ to care for**

**local people needing our hospice!**

Title First Name Surname

Home Address:

Postcode: Email: Phone:

If you are happy for us to contact you about future events, hospice news and fundraising please tick here:

Your details are safe with us. Visit our privacy policy at westonhospicecare.org.uk/privacy for more details

*\*Event name and logo here\**

Please, make sure we can read your full name, home address, postcode and tick so Gift Aid can be claimed on your donation. Thank you!

Use blue or black pen and write in CAPITAL letters. All fields are mandatory.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title | Full name  (first name and surname) | Postcode | Home address  (not your work address – this is essential for Gift Aid) | Amount | Gift Aid | Date collected |
| *Miss* | *Sample Jones* | *AB12 3CD* | *7 Example Street, Town, County* | £*20* | *✓* | *01/01/2022* |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
| Title | Full name  (first name and surname) | Postcode | Home address  (not your work address – this is essential for Gift Aid) | Amount | Gift Aid | Date collected |
| *Miss*  Please, make sure we can read your full name, home address, postcode and tick so Gift Aid can be claimed on your donation. Thank you! | *Sample Jones* | *AB12 3CD* | *7 Example Street, Town, County* | **£***20* | *✓* | *01/01/2022* |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  |  | **£** |  |  |
|  |  |  | I’ve raised a total of | **£** | | |

To claim Gift Aid on the money you raise

and boost your total by 25%, make sure

You are helping a local person in great need of expert hospice care. Please give generously.

you send this form back to:

Weston Hospicecare, 28 Thornbury Road, Uphill,

Weston-super-Mare, BS23 4YQ

Registered Charity No: 900328

FOR ADMIN USE ONLY TOTAL DONATIONS: TOTAL GIFT AID: